

Statement of Priorities

2019-20 Agreement between the Secretary for the Department of Health and Human Services and Mildura Base Hospital

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Background

Statements of Priorities are key accountability agreements between Government and Victorian publicly funded health, mental health and ambulance services. The content and process for preparation and agreement of the annual Statement of Priorities is consistent with sections 40G, 65ZFA, 65ZFB and section 26 of the Health Services Act 1988.

Statements of Priorities are consistent with the health services' strategic plans and aligned to government policy directions and priorities. The annual agreements support the delivery of, or substantial progress towards the key shared objectives of quality and safety, good governance and leadership, access and timeliness, and financial sustainability.

A Statement of Priorities consists of four main parts:

- Part A provides an overview of the service profile, strategic priorities and deliverables the health service will achieve in the year ahead.
- Part B lists the performance priorities and agreed targets.
- Part C lists funding and associated activity.
- Part D forms the service agreement between each health service and the state of Victoria for the purposes of the National Health Reform Agreement.

Performance expectations and mechanisms used by the Department of Health and Human Services to monitor and manage performance are described in the *Victorian Health Service Performance Monitoring Framework 2019-20*.

High standards of governance, transparency and accountability are essential. In this context, the Victorian Government commits to publish Statements of Priorities in November each year and present data on the performance of our health system in the public domain.

Strategic priorities

The Victorian Government is responsible for ensuring that a wide range of health care services are delivered to the Victorian community. The Department of Health and Human Services (the department) delivers policies, programs and services that support and enhance the health and wellbeing of all Victorians. By working together, we strive to build stronger functional, policy and service delivery connections to support the health, wellbeing and safety of all Victorians, no matter what their personal circumstances or stage of life.

Government commitments

This year's \$25.6 billion *Victorian Budget* will help us continue our work in supporting the most vulnerable Victorians and provide more services locally.

- \$2.3 billion of additional funding for meeting hospital services demand
- \$321.9 million for the roll-out of free dental care to all Victorian government school students
- \$299.6 million for more paramedics, vehicles and stations
- \$136.2 million to deliver 500,000 specialist appointments in regional Victoria
- \$117.8 million to recruit and train more nurses, midwives and frontline health workers and make further ratios improvements that will see 1,100 nurses & midwives in Victorian public hospitals.
- \$213.6 million for new parenting centres and more maternal and child health nurses
- \$116.5 million for medical research projects such as new cancer therapies
- A \$100 million boost to the Regional Health Infrastructure Fund to support hospitals and health facilities for rural and regional communities
- \$72 million on hospital and community based palliative care to ensure the end of life care choices of Victorians continue to be met
- \$67.6 million to meet critical mental health service demand
- \$1.5 billion to build a new Footscray Hospital
- \$59.5 million for a new rehabilitation centre at Bendigo Health
- \$31.4 million for an expansion of the Royal Children's Hospital
- \$2.4 million to plan for a new hospital in Melton

This investment will support the implementation of *Health 2040: advancing health, access and care* - which presents a clear vision for the health and wellbeing of Victorians and for the Victorian healthcare system.

Part A: Strategic overview

Mission statement

Our Vision: Outstanding and integrated healthcare for the Sunraysia region.

Our Mission: To improve the wellbeing of Sunraysia by providing quality health services with care, compassion and skill, in partnership with the community.

Service profile

Mildura Base Hospital is a sub-regional public hospital servicing a population of approximately 80,000 in the Sunraysia area. The hospital is the major public referral health service for the Northern Mallee sub-region of the Loddon Mallee region which encompasses other hospitals at Ouyen, Robinvale and Manangatang. It is also a referral health service for the far west region of New South Wales including Wentworth and Balranald, and the Riverland of South Australia.

Acute service provision includes emergency, obstetrics and gynaecology, intensive care, general medicine and surgery, medical imaging, pathology, dialysis, chemotherapy, mental health (inpatient and community), rehabilitation, palliative care and a range of ambulatory care services.

Funding has been secured and planning commenced for further capital expansion to deliver an eight bed stand-alone paediatric unit, due for completion in 2020.

In conjunction with the Department of Health and Human Services, the Mildura and Northern Mallee Service Plan will be progressed in 2019-20 to ensure Mildura Base Hospital is best placed to respond to changing community health demands.

Strategic planning

Mildura Base Hospital Strategic Plan is currently being updated and when completed will be available online at <http://www.mildurabase.com.au/News/Publications>

Mildura Base Hospital is an active participant in the Loddon Mallee Chief Executive Officer Partnership, which has agreed to work towards identification of shared strategic priorities and has embarked on a comprehensive planning journey which will be completed by July 2020.

Strategic priorities – Health 2040

In 2019-20 Mildura Base Hospital will contribute to the achievement of the Government’s commitments within *Health 2040: Advancing health, access and care* by:

Better Health

<p>Goals: A system geared to prevention as much as treatment Everyone understands their own health and risks Illness is detected and managed early Healthy neighbourhoods and communities encourage healthy lifestyles</p>	<p>Strategies: Reduce Statewide Risks Build Healthy Neighbourhoods Help people to stay healthy Target health gaps</p>
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Deliverables:

- Improve the health of our communities by implementing healthy eating and tobacco cessation strategies consistent with the new Victorian Health and Wellbeing Plan.
- Partner with Sunraysia Community Health Services working with health promotion officers and contributing to primary health initiatives.

Better Access

<p>Goals: Care is always being there when people need it Better access to care in the home and community People are connected to the full range of care and support they need Equal access to care</p>	<p>Strategies: Plan and invest Unlock innovation Provide easier access Ensure fair access</p>
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Deliverables:

- Increase access to health care for rural and regional communities by participating in the development of the Loddon Mallee Telehealth Plan.
- Increase access to Geriatric Evaluation and Management services by developing options for community based service delivery.
- Partner with Safer Care Victoria to undertake analysis of current issues impacting patient access and flow and develop an action plan to guide implementation of improvement strategies.

Better Care

<p>Goals: Targeting zero avoidable harm Healthcare that focusses on outcomes Patients and carers are active partners in care Care fits together around people’s needs</p>	<p>Strategies: Put quality First Join up care Partner with patients Strengthen the workforce Embed evidence Ensure equal care</p>
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Deliverables:

- Implement a General Practice liaison strategy to support effective discharge planning and continuity of care.
- Provide better care and improve community health and wellbeing by participating in the development of a regional volunteering strategy led by the Loddon Mallee Chief Executive Officer partnership.

Specific priorities for 2019-20

In 2019-20, Mildura Base Hospital will contribute to the achievement of the Government's priorities by:

Supporting the Mental Health System

Improve service access to mental health treatment to address the physical and mental health needs of consumers.

- Contribute to the development of a Regional Mental Health plan for the Loddon Mallee in collaboration with the Primary Health Network.
- Partner with the Murray Primary Health Network to deliver the actions identified in the Mildura Suicide Prevention Trial.
- Strengthen the partnership with the Mallee District Aboriginal Services to deliver clinically appropriate and culturally safe mental health services to Aboriginal people engaged with the Demonstration Project.

Addressing Occupational Violence

Foster an organisational wide occupational health and safety risk management approach, including identifying security risks and implementing controls, with a focus on prevention and improved reporting and consultation.

Implement the department's security training principles to address identified security risks.

- Improve the health and safety of health service staff and volunteers by implementing and evaluating site specific Occupational Violence action plans.

Addressing Bullying and Harassment

Actively promote positive workplace behaviours, encourage reporting and action on all reports.

Implement the department's Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination and Workplace culture and bullying, harassment and discrimination training: guiding principles for Victorian health services.

- Undertake a gap analysis and implement required actions to meet the department's *Framework for promoting a positive workplace culture: preventing bullying, harassment and discrimination*.

Supporting Vulnerable Patients

Partner with patients to develop strategies that build capability within the organisation to address the health needs of communities and consumers at risk of poor access to health care.

- Establish an Aboriginal Community Advisory Group to ensure culturally safe practices are embedded in service delivery and to deliver an organisation wide focus on building respectful relationships between the hospital and the community.

Supporting Aboriginal Cultural Safety

Improve the health outcomes of Aboriginal and Torres Strait Islander people by establishing culturally safe practices across all parts of the organisation to recognise and respect Aboriginal culture and deliver services that meet the needs, expectations and rights of Aboriginal patients, their families, and Aboriginal staff.

- Participate in the development of a regional plan for improved Aboriginal cultural safety and implement consistent local strategies to improve health outcomes of Aboriginal and Torres Strait Islander people.

Addressing Family Violence

Strengthen responses to family violence in line with the *Multiagency Risk Assessment and Risk Management Framework* (MARAM) and assist the government in understanding workforce capabilities by championing participation in the census of workforces that intersect with family violence.

- Improve our health service response to family violence by undertaking a census of our workforce capabilities and aligning health service activities to be consistent with the Multiagency Risk Assessment and Risk Management Framework.
- Promote the use of the family violence risk assessment framework throughout the hospital prioritising mental health, ante-natal services and the emergency department.
- Maintain awareness of family violence reforms through participation in the program's Community of Practice and professional development activities.

Implementing Disability Action Plans

Continue to build upon last year's action by ensuring implementation and embedding of a disability action plan which seeks to reduce barriers, promote inclusion and change attitudes and practices to improve the quality of care and employment opportunities for people with disability.

- Improve the quality of care and employment opportunities for people with a disability by finalising and commencing site specific Disability Action Plans.

Supporting Environmental Sustainability

Contribute to improving the environmental sustainability of the health system by identifying and implementing projects and/or processes to reduce carbon emissions.

- Improve our environmental sustainability by participating in the development of a hospital waste management strategy across the Loddon Mallee region.
- Investigate current management of single use non-recyclable items across the organisation and identify areas for improved efficiency and environmentally sustainable management practices.
- Research implementation of smart automatic lighting technology initiatives throughout the hospital.

Part B: Performance Priorities

The *Victorian Health Services Performance monitoring framework* outlines the Government's approach to overseeing the performance of Victorian health services.

Changes to the key performance measures in 2019-20 strengthen the focus on high quality and safe care, organisational culture, patient experience and access and timeliness in line with Ministerial and departmental priorities.

Further information is available at www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability

High quality and safe care

Key performance measure	Target
Infection prevention and control	
Compliance with the Hand Hygiene Australia program	83%
Percentage of healthcare workers immunised for influenza	84%
Patient experience	
Victorian Healthcare Experience Survey – percentage of positive patient experience responses	95%
Victorian Healthcare Experience Survey – percentage of very positive responses to questions on discharge care	75%
Victorian Healthcare Experience Survey – patient's perception of cleanliness	70%
Healthcare associated infections (HAI's)	
Rate of patients with surgical site infection	No outliers
Rate of patients with ICU central-line-associated bloodstream infection (CLABSI)	Nil

Key performance measure	Target
Adverse events	
Sentinel events – root cause analysis (RCA) reporting	All RCA reports submitted within 30 business days
Mental Health	
Percentage of adult acute mental health inpatients who are readmitted within 28 days of discharge	14%
Rate of seclusion events relating to an adult acute mental health admission	≤ 15/1,000
Rate of seclusion events relating to an aged acute mental health admission	≤ 15/1,000
Percentage of child and adolescent acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of adult acute mental health inpatients who have a post-discharge follow-up within seven days	80%
Percentage of aged acute mental health inpatients who have a post-discharge follow-up within seven days	80%

Key performance measure	Target
Maternity and Newborn	
Rate of singleton term infants without birth anomalies with APGAR score <7 to 5 minutes	≤ 1.4%
Rate of severe fetal growth restriction (FGR) in singleton pregnancy undelivered by 40 weeks	≤ 28.6%
Proportion of urgent maternity patients referred for obstetric care to a level 4, 5 or 6 maternity service who were booked for a specialist clinic appointment within 30 days of accepted referral	100%
Continuing Care	
Functional independence gain from an episode of rehabilitation admission to discharge relative to length of stay	≥ 0.645

Strong governance, leadership and culture

Key performance measure	Target
Organisational culture	
People matter survey - percentage of staff with an overall positive response to safety and culture questions	80%
People matter survey – percentage of staff with a positive response to the question, “I am encouraged by my colleagues to report any patient safety concerns I may have”	80%
People matter survey – percentage of staff with a positive response to the question, “Patient care errors are handled appropriately in my work area”	80%
People matter survey – percentage of staff with a positive response to the question, “My suggestions about patient safety would be acted upon if I expressed them to my manager”	80%
People matter survey – percentage of staff with a positive response to the question, “The culture in my work area makes it easy to learn from the errors of others”	80%
People matter survey – percentage of staff with a positive response to the question, “Management is driving us to be a safety-centred organisation”	80%
People matter survey – percentage of staff with a positive response to the question, “This health service does a good job of training new and existing staff”	80%
People matter survey – percentage of staff with a positive response to the question, “Trainees in my discipline are adequately supervised”	80%
People matter survey – percentage of staff with a positive response to the question, “I would recommend a friend or relative to be treated as a patient here”	80%

Timely access to care

Key performance measure	Target
Emergency care	
Percentage of patients transferred from ambulance to emergency department within 40 minutes	90%
Percentage of Triage Category 1 emergency patients seen immediately	100%
Percentage of Triage Category 1 to 5 emergency patients seen within clinically recommended time	80%
Percentage of emergency patients with a length of stay in the emergency department of less than four hours	81%
Number of patients with a length of stay in the emergency department greater than 24 hours	0
Specialist clinics	
Percentage of urgent patients referred by a GP or external specialist who attended a first appointment within 30 days	100%
Percentage of routine patients referred by GP or external specialist who attended a first appointment within 365 days	90%

Effective financial management

Key performance measure	Target
Operating result (\$m)	1.2
Average number of days to pay trade creditors	60 days
Average number of days to receive patient fee debtors	60 days
Public and Private WIES ¹ activity performance to target	100%
Adjusted current asset ratio	0.7 or 3% improvement from health service base target
Forecast number of days available cash (based on end of year forecast)	14 days
Actual number of days available cash, measured on the last day of each month.	14 days
Variance between forecast and actual Net result from transactions (NRFT) for the current financial year ending 30 June.	Variance ≤ \$250,000

¹ WIES is a Weighted Inlier Equivalent Separation

Part C: Activity and funding

The performance and financial framework within which state government-funded organisations operate is described in 'Volume 2: Health operations 2019-20 of the *Department of Health and Human Services Policy and funding guidelines 2019*.

The *Policy and funding guidelines* are available at <https://www2.health.vic.gov.au/about/policy-and-funding-guidelines>

Further information about the Department of Health and Human Services' approach to funding and price setting for specific clinical activities, and funding policy changes is also available at

<https://www2.health.vic.gov.au/hospitals-and-health-services/funding-performance-accountability/pricing-funding-framework/funding-policy>

Funding type	Activity	Budget (\$'000)
Acute Admitted		
Acute WIES	13,247	68,176
WIES DVA	153	791
WIES TAC	47	273
Other Admitted		7,212
Acute Non-Admitted		
Emergency Services		10,501
Home Enteral Nutrition	281	61
Specialist Clinics	16,408	4,658
Subacute & Non-Acute Admitted		
Subacute WIES - Rehabilitation Public	284	3,047
Subacute WIES - GEM Public	23	250
Subacute WIES - Palliative Care Public	40	432
Subacute WIES - DVA	20	265
Transition Care - Bed days	2,551	401
Transition Care - Home days	3,295	190
Subacute Non-Admitted		
Health Independence Program - Public	14,410	2,782
Health Independence Program - DVA		22
Mental Health and Drug Services		
Mental Health Ambulatory	27,441	11,523
Mental Health Inpatient - Available bed days	5,113	4,274
Mental Health Service System Capacity	1	542
Mental Health Subacute	3,652	1,885
Mental Health Other		1,045
Drug Services	308	394
Other		
Health Workforce		3,343
Other specified funding		2,646
Total Funding		124,714

Part D: Commonwealth funding contribution

The Victorian health system has faced a number of changes to Commonwealth funding since 2012–13. The changes to the funding arrangements announced in the 2014–15 Commonwealth Budget will continue to be applicable for the period 1 July 2019 to 30 June 2020 with funding continued to be linked to actual activity levels.

The Commonwealth funding contribution outlined the 2019–20 Commonwealth Budget was based on estimates and has since been updated by the Administrator of the National Health Funding Pool, based on latest activity estimates from States and Territories. However, given that final funding amounts are based on actual activity, there may be adjustments to funding throughout the year as a result of reconciliations and other factors outlined below.

Period: 1 July 2019 – 30 June 2020

	Service category	Estimated National Weighted Activity Units (NWAU18)	Total funding (\$'000)
Activity based funding	Acute admitted services	13,371	102,139
	Admitted mental health services	917	
	Admitted subacute services	1,310	
	Emergency services	3,983	
	Non-admitted services	1,813	
Block Funding	Non-admitted mental health services	-	17,424
	Teaching, training and research		
	Other non-admitted services		
Other Funding		-	5,075
Total		21,394	124,637

Note:

- Activity loadings are included in the Estimated National Weighted Activity Units (i.e. Paediatric, Indigenous, Remoteness, Intensive Care Unit, Private Patient Service Adjustment, and Private Patient Accommodation Adjustment).
- In situations where a change is required to Part D, changes to the agreement will be actioned through an exchange of letters between the Department and the Health Service Chief Executive Officer.
- Ambulance Victoria and Dental Health Services Victoria do not receive a Commonwealth funding contribution under the National Health Reform Agreement. Dental Health Services Victoria receives Commonwealth funding through the National Partnership Agreement.

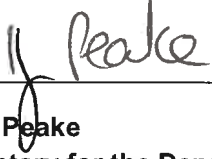
Accountability and funding requirements

The health service must comply with:

- All laws applicable to it;
- The National Health Reform Agreement;
- All applicable requirements, policies, terms or conditions of funding specified or referred to in the Department of Health and Human Services policy and funding guidelines 2019;
- Policies and procedures and appropriate internal controls to ensure accurate and timely submission of data to the Department of Health and Human Services;
- All applicable policies and guidelines issued by the Department of Health and Human Services from time to time and notified to the health service;
- Where applicable, all terms and conditions specified in an agreement between the health service and the Department of Health and Human Services relating to the provision of health services which is in force at any time during the 2019-20 financial year; and
- Relevant standards for programs which have been adopted e.g. International Organisation for Standardisation standards and AS/NZS 4801:2001, Occupational Health and Safety Management Systems or an equivalent standard. This includes the National Safety and Quality Health Service Standards ('NSQHS standards') as accredited through the Australian Health Service Safety and Quality Accreditation Scheme.

Signature

The Secretary and the health service Chief Executive Officer agree that funding will be provided to the health service to enable the health service to meet its service obligations and performance requirements as outlined in this Statement of Priorities.



Kym Peake
Secretary for the Department of
Health and Human Services

Date: 10/10/2019



Ms Julia Morgan
Chief Executive Officer
Mildura Base Hospital

Date: 10/10/2019

